

# ART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue Fee or thereafter. See reverse for Certificate of Mailing, below.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Byrden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

## 1. CORRESPONDENCE ADDRESS

CUSHMAN DARBY AND CUSHMAN  
100 NEW YORK AVENUE NW  
NINTH FLOOR  
WASHINGTON DC 20005-3918

12M2/1203

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are enclosed

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/491,892

07/14/95

007

BADIO, B

1209

12/03/97

First Named  
Applicant

HANSEN,

ERIK T.

TITLE OF INVENTION NEW CRYSTALLINE FORM OF A VITAMIN D ANALOGUE

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1

218100

514-169.000

USO

UTILITY

NO

\$1320.00

03/03/98

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Pillsbury Madison  
& Sutro LLP

2

3

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Leo Pharmaceutical Products LTD. A/S

(2) ADDRESS (PRINT OR TYPE FULL ADDRESS)  
Karlshøj Fabrik Produktionsaktieselskab  
Ballerup, Denmark

6a. The following fees are enclosed:

☒ Issue Fee ☐ Advance Order - # of Copies

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 03-3975 (41632/21810)

(ENCLOSE A COPY OF THIS FORM)

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☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Paul N. Kokulis - 16773

(Date)

2/25/98

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## Certificate of Mailing

Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers.

Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

on: \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Name of person making deposit)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

1. TRANSMIT THIS FORM WITH FEE